



Monroe County Department of Health
Food Protection – Room 1020
111 Westfall Road/ P.O. Box 92832
Rochester, New York 14692
Phone (585) 753-5064

DO NOT WRITE IN THIS SPACE Date ____/____/____
Rec. No. ____ Check No. ____ Amount ____
New ☐ Name/Operator Change ☐
____ Inspector ____
Former Est. Name ____

APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

Please complete this form. Print or type all information.

Pursuant to part 14-1.190(c) of the New York State Sanitary Code, I / We hereby submit the following information and make application to operate a food service establishment.

Name of Establishment _____	Number of Seats _____
Address _____	
Location _____ (city, town or village)	Zip _____ Business telephone _____

OWNER/CORPORATON NAME _____
(Partnership or Corporate Title – if applicable- copy of certificate attached)

Address _____ **City** _____ **State** _____ **Zip** _____

Home telephone _____

Partners' or Corporate Officers' Names & Titles

Home Addresses and Phone Number

Insurance Information *(Proof of insurance is required prior to permit issuance)*

Name of Company _____ **Workmen's Comp. No.** _____ **Disability Number** _____

Type of establishment ☐ Restaurant and/or Tavern ☐ Catering ☐ School or College ☐ Retail Bakery ☐ Delicatessen
☐ Industrial Food Service ☐ Mobile Vending ☐ Commissary

Operating Days and Hours _____

Certified Food Worker *(If you do NOT meet the training requirements at time of submission of this application you MUST list the SCHEDULED training dates & the training providers for these workers and MUST submit proof of completion of course to office)*

Name of L1 worker _____ **Certification #** _____

Please attach a copy of certificate. (Serv Safe, National Registry of Food Safety Professionals, or Exporior)

Name of L2 worker _____ **Certification #** _____

Receipt of Part 14-1 of the New York Sanitary code is acknowledged. Signature must be original, no copies or faxes accepted.

Signed _____ **Date of application** _____

Print name _____

2008 Fees: Bakeries, Commissary & Mobile Units, Delicatessens & Caterers \$225.00

Restaurant Seating 0-25 \$170.00

Restaurant Seating 26-50 \$230.00

Restaurant Seating 51+ \$370.00